

**TITLE 16. DENTAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS**

**PROPOSED LANGUAGE**

Amend Sections 1070, 1070.1, 1070.2, and 1071 and Adopt Sections 1070.6, 1070.7, 1070.8 of Division 10 of Title 16 of the California Code of Regulations, to read as follows:

**Article 2. Educational Programs**

**~~Section 1070. Approval of Registered Dental Assistant Educational Programs.~~**

~~(a) It is the intent of the board to approve only those educational programs for registered dental assisting which continuously maintain a high quality standard of instruction. Initial or continued approval shall be contingent upon compliance with these regulations.~~

~~(b) An educational program for registered dental assistants is one which has as its primary purpose providing post-secondary education in registered dental assisting and which encompasses educational training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants. All approved programs shall include approved courses in coronal polishing and radiation safety pursuant to Sections 1014, 1014.1, and 1086(d)(15), but are not required to offer a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler.~~

~~(c) Each program shall apply for approval prior to operation. The board may approve, provisionally approve, or deny approval of any such program.~~

~~The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own. If a negative evaluation is made, the specific reasons therefore shall be provided to the program by the board in writing within 90 days after such negative evaluation was made.~~

~~(d) The processing times for RDA educational program approval are set forth in Section 1069. Each approved program shall be re-evaluated approximately every five years, but is subject to re-evaluation at any time if the board has reason to believe that the program may have violated these regulations.~~

~~(e) Program records shall be subject to inspection by the board at any time.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.~~

**1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.**

(a) (1) The criteria in subdivisions (b) to (h), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the board as provided in this article.

(2) The board may approve, provisionally approve, or deny approval of any program or course.

(3) Program and course records shall be subject to inspection by the board at any time.

(4) The board may withdraw approval at any time that it determines that a program or course does not meet the requirements established in this section or any other requirements of law.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the board.

(b) The program or course director shall possess a valid, active, and current license issued by the board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the day-to-day administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this article.

(c) No faculty member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty member shall have been licensed or permitted for a minimum of two years and possess experience in the subject matter he or she is teaching. A faculty member who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, and who holds a permit as an Orthodontic Assistant shall not be required to have held such a certificate or permit for two years in order to instruct in such courses.

(d) A certificate or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the total number of program or course hours, the date of completion, and the signature of the program or course director or his or her designee.

(e) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(2) The minimum requirement for armamentaria includes infection control materials specified by the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005, protective eyewear, mask, and gloves for each student and faculty member, and appropriate eye protection for each piece of equipment.

(3) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment. Minimum requirements are a power-operated chair for light, oral evacuation equipment, work surface, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient.

(f) The program or course shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection, and hazard control and disposal of hazardous wastes, that comply

with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and appropriate staff to ensure compliance with these protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized and nonreusable items properly disposed.

(g) A written policy on managing emergency situations shall be made available to all students, faculty, and staff. All faculty and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and staff. A program or course shall not be required to ensure that students complete instruction in basic life support prior to performing procedures on patients.

(h) A detailed program or course outline shall clearly state curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction. General program or course objectives and specific instructional unit objectives shall be stated in writing, and shall include, at a minimum, theoretical aspects of each subject as well as practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical, and clinical examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that constitute a critical error and would cause the student to fail the procedure, and a description of each of the grades that may be assessed for each procedure.

(i) (1) If an extramural clinical facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty and shall not be provided in extramural facilities.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) The program or course director, or a designated faculty member, shall orient dentists who intend to provide extramural clinical facilities prior to the student assignment. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(4) The program or course faculty and extramural clinic personnel shall use the same objective evaluation criteria for grading.

(5) There shall be a written contract of affiliation between the program and each extramural clinical facility. Such contract shall contain the following:

(A) A description of settings in which the clinical training will be received.

(B) An affirmation that the dentist and clinic personnel acknowledge the legal scope of duties and infection control requirements.

(C) An affirmation that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed.

(D) An affirmation that the equipment and armamentaria are in safe operating condition.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

**Section 1070.1. Definitions.**

As used in Section 1070.2:

- (a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students.
- (b) "Laboratory or Pre-clinical instruction" means instruction in which students receive supervised experience performing functions using study models, manikins, or other simulation methods.
- (c) "Clinical Externship instruction" means instruction in which students receive supervised experience in performing functions in the clinical setting on patients.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

**1070.1. Educational Program and Course Definitions and Instructor Ratios**

As used in this article, the following definitions shall apply:

(a) "Didactic instruction" means lectures, demonstrations, and other instruction without active participation by students. The approved provider or its designee may provide didactic instruction via electronic media, home study materials, or live lecture methodology if the provider has submitted that content for approval.

(b) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in laboratory instruction.

(c) "Preclinical instruction" means instruction in which students receive supervised experience performing procedures on students, faculty, or staff members. There shall be at least one instructor for every six students who are simultaneously engaged in preclinical instruction.

(d) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical instruction shall only be performed upon successful demonstration and evaluation of preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6, and 1753, Business and Professions Code.

**Section 1070.2. Requirements for Registered Dental Assistant Educational Programs.**

The following minimum criteria shall be met for a registered dental assistant educational program to secure and maintain approval by the Board. Additional requirements may be stipulated when deemed necessary by the Board:

- (a) Educational Setting. The program shall be established at the post-secondary educational level, or deemed equivalent thereto by the Board.
- (b) Advisory Committee. Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the Board. The advisory committee shall meet at least once each academic year with the program director, faculty and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the program shall be made. The program must be staffed by faculty who are well-qualified in curricular subject matter, dental assisting functions, and educational methodology.~~

~~(1) The program director and each faculty member shall possess a valid, active, current license issued by the Board, and shall have a background in and current knowledge of dental assisting and registered dental assisting duties. A registered dental assistant faculty member shall possess certification in coronal polishing and radiation safety, and shall have been licensed as a registered dental assistant for at least four years.~~

~~(2) Effective two years after the effective date of this regulation, each faculty member shall have received a certificate of completion of an COMDA approved course in teaching methodology of at least 60 hours at a post-secondary institution prior to student instruction.~~

~~(3) Student contact hour loads must allow the faculty sufficient time for class preparation, student evaluation and counseling, and development of subject content and appropriate evaluation criteria and methods.~~

~~(4) The program director must have the education, background, and occupational experience necessary to understand and fulfill the program goals. He or she shall have teaching responsibilities which are less than those of a full-time faculty member. He/she shall actively participate in and be responsible for the day-to-day administration of the program including the following:~~

~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~(1) Copies of curricula, course outlines, objectives, and grading criteria.~~

~~(2) Copies of faculty credentials, licenses, and certifications.~~

~~(3) Individual student records, including those necessary to establish satisfactory completion of all phases of the program, including clinical externship.~~

~~(4) Copies of minutes of all advisory committee meetings.~~

~~(C) Informing the Board of any changes to the program content, physical facilities, and/or faculty, at least 30 days prior to such change.~~

~~(D) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extra-mural facilities and coordination of instruction in such facilities.~~

~~(E) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and to coordinate activities of full-time, part-time, and volunteer faculty.~~

~~(5) The owner and/or school administrator shall be responsible for the compliance of the program director with these regulations.~~

~~(d) Financial Resources. Sufficient financial resources to support the program and comply with these regulations shall be available. If the program or school requires approval by the California Department of Education and/or the Bureau for Private Post-secondary and Vocational Education, such approval must be obtained prior to application for Board approval by a new program and must be maintained at all times by approved programs. Failure to maintain such approval shall result in the automatic withdrawal of board approval of the program.~~

~~(e) The program shall notify the Board, within 30 days after enrollment, of the names, and expected date of graduation of all students enrolled, and shall notify the Board of the names of program graduates within 30 days of graduation.~~

~~(f) Length of Program. The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but shall in no event be less than 720 clock hours.~~

~~(g) Evidence of Completion. A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program. A student shall be deemed to have successfully completed the program if the student has met all program requirements and has~~

obtained passing scores on final written and practical examinations on all dental assistant and registered dental assistant duties.

(h) ~~Facilities and Resources.~~ Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in performing dental assistant and registered dental assistant duties. Such facilities shall include safe, adequate and educationally conducive:

(1) ~~Lecture classrooms.~~ Classroom size and equipment shall accommodate the number of students enrolled. Classrooms shall include: chalkboard or whiteboard, projection equipment, sufficient electrical outlets, adequate lighting and ventilation, and chairs and writing space for each student.

(2) ~~Operatories.~~ Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time, and shall be of sufficient size to accommodate an operator, a student, an instructor, and a patient at one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; dental units designed for application of current principles of dental assistant and registered dental assistant utilization; air-water syringe; adjustable light; slow-speed and high-speed handpieces; oral evacuation equipment; work surface; view box; hand-washing sink; and all other armamentarium required to instruct dental assistant and registered dental assistant duties.

(B) Each operatory shall contain one training manikin with simulated face and tongue, full dentition, and water retrieval system.

(C) Each operatory must be of sufficient size to accommodate an operator, a student, an instructor, and a patient.

(3) ~~Laboratories.~~ The location and number of general use equipment, such as lathes, model trimmers, and vibrators shall assure that each student has the access necessary to develop minimum competency in performing all dental assistant and registered dental assistant duties. Protective eyewear is required for each piece of equipment.

During laboratory procedures, dental rotary equipment are required in the ratio of at least one for every three students, model trimmers in the ratio of at least one for every seven students, and vibrators in the ratio of at least one for every three students.

(4) ~~Library.~~ Provision shall be made for reasonable access to current and diverse dental/medical reference texts, current journals, audiovisual materials and other necessary resources. Library holdings shall include: nutrition, oral health education, preventive dentistry, dental materials, anesthesia and pain control, oral anatomy, oral histology, oral physiology, oral pathology, morphology, pharmacology, microbiology, chairside assisting, legal/ethical aspects of dentistry, radiology and radiation safety, sterilization/infection control, laboratory procedures, office emergency procedures, general dentistry, and specialty dentistry including, but not limited to, endodontics, oral and maxillofacial surgery, orthodontics, pediatric dentistry, periodontics, and prosthodontics.

(5) ~~Armamentarium~~

(A) The number and variety of hand instruments shall be sufficient to instruct students in identifying and exchanging instruments, preparing procedural trays, and assisting in the diagnostic, operative and specialty procedures which are a part of general dentistry.

(B) Each student shall possess a pair of safety goggles for their exclusive use.

(C) One permanently preassembled tray for each procedure shall be provided for reference purposes. In addition, at least one set of hand instruments per chairside procedure for every two students shall be available during instruction of clinical, pre-clinical, and laboratory procedures.

(D) There shall be at least one functional typodont and bench mount for every two students, or comparable equipment if approved in advance by the Board. Each typodont shall have full dentition and soft gingivae.

(6) Infection Control. The program shall establish written pre-clinical, clinical, and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium. All reusable armamentarium shall be sterilized, and a non-reusable items disposed of properly.

(7) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff. Emergency materials shall include, but not be limited to, an oxygen tank which is readily available and functional. Medical materials for treating patients with life-threatening conditions must be available for instruction and accessible to the operatories. Facilities which do not treat patients must maintain a working model of a kit of such emergency materials for instructional purposes.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff, and keep a record of those who are not required to maintain such certification because they are medically or physically unable to perform such procedures.

(i) Program Content. The organization of the curriculum shall be balanced and flexible, creating opportunities for adjustments to changes in the practice of dentistry and registered dental assisting.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in all dental assistant and registered dental assistant duties prior to the performance of procedures on patients.

(2) A detailed course outline shall be provided which clearly states curriculum subject matter and specific instruction hours for each topic in the individual areas of didactic, laboratory, pre-clinical, clinical, and externship instruction.

(3) There shall be no more than 14 students per instructor during laboratory instruction. There shall be no more than 6 students per instructor during pre-clinical and clinical instruction.

(4) Programs that admit students at different phases provide students with an orientation which shall include anatomy, tooth numbering, and universal precautions, including instrument sterilization, and which shall be successfully completed prior to participation in any other phase of the program.

(5) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the procedures which dental assistants and registered dental assistants are allowed to perform and to anticipate a dentist's needs during procedures performed in the practice of dentistry. The program shall assure that students who successfully complete the program can perform all dental assistant and registered dental assistant duties with minimum competence.

(6) Objective evaluation criteria shall be used for measuring student progress toward attainments of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance which states the minimum number of satisfactory performances which are required for each procedure.

(7) Areas of didactic and laboratory demonstration instruction shall include at least the following:

(A) Biomedical-Dental-Medical Emergencies, Basic Life Support, Nutrition and Preventive Dentistry;

(B) Dental Science-Dental Materials, Oral Anatomy and Physiology, Oral Pathology, Pharmacology, Morphology and Microbiology;

~~(C) Dental Assisting – General and Specialty Dentistry, Chairside Assisting, Legal/Ethical Aspects of Dentistry; Patient Management; Infection Control;~~

~~(D) All functions dental assistants and registered dental assistants are allowed to perform by statute or regulation.~~

~~(j) Externship Instruction. Students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in performing all dental assistant and registered dental assistant duties.~~

~~(1) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(2) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(3) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the program, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(6) The program shall maintain documentation that students completed clinical training in all dental assisting and registered dental assisting functions during the clinical externship phase of the program.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

## **1070.2. Approval of Registered Dental Assistant Educational Programs**

**(a) A registered dental assistant program shall receive board approval prior to operation.**

**(b) In order for a registered dental assistant program to secure and maintain approval by the board, it shall meet the requirements of sections 1070 and 1070.1 and the requirements contained in this section.**

**(1) A program shall notify the board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide sufficient additional documentation to the board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.**

**(2) Programs shall have an advisory committee consisting of an equal number of registered dental assistants and dentists, including at least two registered dental assistants and two dentists, all currently licensed by the board. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program. Programs that admit students at different phases shall meet at least twice each year.**

**(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of sections 1070 and 1070.1, the following requirements shall be met:**

**(A) Each program faculty member shall have successfully completed a board-approved course in the application of pit and fissure sealants.**

**(B) By January 1, 2012, each faculty member shall have completed a board-approved course in instructional methodology of at least 30 hours, unless he or she**

holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course in instructional methodology within six months of employment.

(C) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the day-to-day administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of mission criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic faculty meetings to provide for subject matter correlation and curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty.

(iii) Maintaining for not less than five years' copies of minutes of all advisory committee meetings.

(D) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of laboratory instruction, at least 85 hours of preclinical and clinical instruction conducted in the program's facilities under the direct supervision of program faculty, and the remaining clinical instruction in extramural clinical facilities. No more than 20 hours shall be devoted to instruction in clerical, administrative, practice management, or similar duties.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

(A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.

(B) Program faculty shall visit each extramural clinical facility at least once every ten clinical days.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one sets-of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries

detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

(B) One permanently preassembled tray for each procedure shall be provided for reference purposes.

(C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(8) The curriculum shall be established, reviewed, and amended as necessary to allow for changes in the practice of dentistry and registered dental assisting. Programs that admit students in phases shall provide students with basic instruction prior to participation in any other portion of the program that shall, at a minimum, include tooth anatomy, tooth numbering, general program guidelines and safety precautions, and infection control and sterilization protocols associated with and required for patient treatment. All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 prior to the student's performance of procedures on patients.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b) (11) and (b) (12) of this section, programs shall include the following content:

(A) A radiation safety course that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 3.1, Sections 1014 and 1014.1.

(B) A coronal polishing course that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.4.

(C) A pit and fissure sealant course that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.3.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.

(E) An Infection control course that meets all of the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in the California Code of Regulations, Title 16, Division 10, Chapter 1, Article 4, Section 1016 governing Dental Practice Act continuing education courses.

(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, which course shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section

1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than 60 hours, including at least 12 hours of didactic instruction, at least 26 hours of laboratory instruction, and at least 22 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.8.

(11) General didactic instruction shall include, at a minimum, the following:

(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.

(B) Principles of abnormal conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.

(C) Legal requirements and ethics related to scope of practice, unprofessional conduct, and, patient records and confidentiality.

(D) Principles of infection control and hazardous communication requirements in compliance with the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 and other federal, state, and local requirements governing infection control.

(E) Principles and federal, state, and local requirements related to pharmacology.

(F) Principles of medical-dental emergencies and first aid management, including symptoms and treatment.

(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(H) Principles of record classifications including management, storage, and retention protocol for all dental records.

(I) Principles and protocols of special needs patient management.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for dental materials.

(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(c) The board may at any time conduct a thorough evaluation of an approved educational program's curriculum and facilities to determine whether the program meets the requirements for continued approval.

(d) The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1, 1752.4, and 1752.6, Business and Professions Code.

#### **1070.6. Approval of Infection Control Courses**

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1, to secure and maintain approval by the board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the board, but faculty shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005. In addition to the requirements of Section 1070, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005, but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, FDA-approved sterilizer, ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2, local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to the California Division of Occupational Safety and Health (Cal/OSHA) California Code of Regulations, Title 8, Division 1, Chapter 3.2 and the board's Minimum Standards for Infection Control California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005:

(1) Basic dental science and microbiology as they relate to infection control in dentistry.

(2) Legal and ethical aspects of infection control procedures.

(3) Terms and protocols specified in the California Code of Regulations Title 16, Division 10, Chapter 1, Article 1, Section 1005 regarding the minimum standards for infection control.

(4) Principles of modes of disease transmission and prevention.

(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

- (7) Principles and protocols associated with sharps management.
- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.
- (10) Principles and protocols of regulated and nonregulated waste management.
- (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:

- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
- (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
- (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
- (4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
- (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
- (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
- (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.
- (8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

- (1) Apply hand cleansing products and perform hand cleansing techniques and protocols.
- (2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.
- (3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.
- (4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.
- (5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.
- (6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
- (7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines. (h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, and 1752.1, Business and Professions Code.

### **1070.7. Approval of Orthodontic Assistant Permit Courses**

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

(c) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as, instruction in basic background information on orthodontic practice."Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

- (2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.
- (3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

- (A) Chemistry of etching materials and tooth surface preparation
- (B) Application and time factors
- (C) Armamentaria
- (D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

- (A) Characteristics and methods of orthodontic bonding.
- (B) Armamentaria.
- (C) Types of bracket bonding surfaces.
- (D) Bonding material characteristics, application techniques, and curing time factors.
- (E) Procedure for direct and indirect bracket bonding.
- (F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, repositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, repositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

- (A) Archwire characteristics.
- (B) Armamentaria.
- (C) Procedures for placement of archwire previously adjusted by the dentist.
- (D) Ligature systems, purpose and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

- (A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.
- (B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

- (A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(i) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Section 1070.5 governing courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

### **1070.8. Approval of Dental Sedation Assistant Permit Courses**

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the board. As used in this section, the following definitions apply: "IV" means "intravenous", "AED" means automated external defibrillator, "CO<sub>2</sub>" means carbon dioxide, and "ECG" or "EKG" means electrocardiogram.

(a) (1) The course director or faculty may, in lieu of a license issued by the board, possess a valid, active, and current license issued in California as a certified registered nurse anesthetist or a physician and surgeon.

(2) All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permit holders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction.

(c) (1) The following are minimum requirements for equipment and armamentaria: one pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO<sub>2</sub>; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and

vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permissors are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permissors are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permissors are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) (1) With respect to medical emergencies, didactic instruction shall contain an overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used

for simulation. Instruction shall include at least two experiences each, one of each of which shall be used for a practical examination.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

- (1) Psychological considerations.
- (2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.
- (4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.
- (5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.
- (6) Patient monitoring.
- (7) Obtaining informed consent.
- (8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

- (1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.
- (2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

- (1) Didactic instruction shall contain the following:
  - (A) Characteristics of pretracheal/precordial stethoscope.
  - (B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.
  - (C) Characteristics of rhythm interpretation and waveform analysis basics.
  - (D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.
  - (E) Characteristics and use of an AED.
  - (F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.
  - (G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.
  - (H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

- (2) Preclinical instruction shall include at least three experiences on another student or staff person for each of the following, one of each of which shall be used for an examination:
- (A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
  - (B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.
  - (C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
  - (D) Use of an AED or AED trainer.
- (3) Clinical instruction shall include at least three experiences on a patient for each of the following, one of each of which shall be used for a clinical examination:
- (A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
  - (B) Placement and assessment of an electrocardiogram (ECG/EKG). Instruction shall include the adjustment of such equipment.
  - (C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
- (D) Use of an AED or AED trainer. (k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO<sub>2</sub> with pulse oximeter and capnograph:
- (1) Didactic instruction shall contain the following:
- (A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.
  - (B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
  - (C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.
  - (D) Characteristics of manual and automatic respiration assessment.
  - (E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.
  - (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.
  - (G) Procedure for use and maintenance of capnograph.
  - (H) Characteristics for monitoring blood and skin color and other related factors.
  - (I) Procedures and use of an oxygen delivery system.
  - (J) Characteristics of airway management to include armamentaria and use.
- (2) Preclinical and clinical instruction shall include at least three experiences on a student or staff person for each of the following, one of each of which shall be used for an examination:
- (A) Assessment of respiration rates.
  - (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
  - (C) Monitoring oxygen saturation with a pulse oximeter.
  - (D) Use of an oxygen delivery system.
- (3) Clinical instruction shall include at least three experiences on a patient for each of the following, one of which shall be used for a clinical examination:
- (A) Assessment of respiration rates.
  - (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
  - (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system. (l) With respect to drug identification and draw:
- (1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction shall include at least three experiences in the withdrawal of fluids from a vial or ampule in the amount specified by faculty, one of which shall be for a practical examination.

(3) Clinical instruction shall include at least three experiences in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or the extramural facility dentist.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction shall include at least three experiences of adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences adding fluids to existing IV lines on at least three patients in the presence of a licensed dentist.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction shall include at least three experiences on a venipuncture training arm or in a simulated environment for IV removal, one of which shall be used for a practical examination.

(3) Clinical instruction shall include at least three experiences removing IV lines on at least three patients in the presence of a licensed dentist.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, Section 1750.5 and 1752.4, Business and Professions Code.

### **Section 1071. Approval of RDAEF Educational Programs.**

~~(a) A single standard of care shall be maintained and the board shall approve only those educational programs for dental assisting in extended functions which continuously maintain a high quality standard of instruction. The requirements contained in this article are designed to that end and govern the approval of educational programs for RDAEF's. Continuation of approval will be contingent upon compliance with these requirements.~~

~~(b) An educational program for RDAEF's is one which has as its primary purpose providing post-secondary education in extended function dental assisting and which encompasses educational~~

training in the settings, foundation and application of all duties, functions and responsibilities assignable under these regulations to registered dental assistants in extended functions.

~~(c) A new educational program for RDAEF's shall apply for approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. Provisional approval shall not be granted for a period which exceeds the length of the program and in no event for more than 30 days. When the board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status.~~

~~The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. If the Board denies approval of a program, the specific reasons therefor shall be provided to the program by the Board in writing within 90 days after such action.~~

~~(d) The processing times for RDAEF educational program approval are set forth in Section 1069.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1756, Business and Professions Code, and Section 15376, Government Code.

### **Section 1071.1. Requirements for Approval of RDAEF Educational Programs.**

The following criteria must be met by a dental assisting educational program in extended functions to secure and maintain approval by the board:

~~(a) Licensure Requirements for Students—All students must possess valid, active certificates as registered dental assistants issued by the board in order to be admitted to the program.~~

~~(b) Education Setting—The program shall be established at the postsecondary educational level.~~

~~(c) Administration/Clinical Training.—The clinical training shall be given at a dental school or facility which has a written contract of affiliation for such training with a dental school. An extension program of a university shall not be considered a dental school. Such written contract of affiliation shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the dental school. An affiliated facility shall not include a private dental office unless such office is a site approved by the Board on recommendation of a dental school. Each RDAEF educational program shall provide clinical facilities and clinical resources necessary to accomplish training of duties assigned to the RDAEF.~~

~~(d) Facilities.~~

~~(1) There shall be a sufficient number of safe, modern lecture classroom operatories, X-ray operatories, and laboratories for use by the students.~~

~~(2) All students shall have access to modern equipment in order to develop extended functions dental assisting skills.~~

~~(3) Adequate sterilizing facilities shall be provided.~~

~~(e) Curriculum Organization/Learning Resources.~~

~~(1) The organization of the curriculum for RDAEF's shall be flexible, creating opportunities for adjustments to and research of, advances in the practice of registered dental assisting in extended functions.~~

~~(2) Students shall have reasonable access to dental/medical reference texts, current journals, audio visual materials and other relevant resources.~~

~~(3) Curriculum shall provide students with a basic understanding of extended function dental assisting procedures and an ability to perform procedures with competence and judgment.~~

~~(f) Curriculum Content.~~

~~(1) Areas of didactic and laboratory instruction shall include at least the following areas and shall be related specifically to extended functions:~~

~~(A) Biomedical—nutrition and preventive dentistry.~~

~~(B) Dental science—materials, oral anatomy and physiology, oral pathology, pharmacology, morphology, microbiology, and histology.~~

~~(C) Dental assisting—general and special dentistry, legal/ethical aspects of dentistry, and patient/dental personnel psychology.~~

~~(D) Emergency procedures.~~

~~(E) Coronal polishing in pit and fissure sealant procedures. (2) A student who possesses a valid certificate in coronal polishing need not take any course in coronal polishing in order to complete the program.~~

~~(3) Each student shall be provided, as part of an organized program of instruction, with sufficient clinical experience to obtain competency in all functions approved by the board for performance by an RDAEF.~~

~~(g) Length of Program. The program shall be not less than 90 hours in length and shall be of sufficient length, as determined by the dental school faculty, to ensure that all students will possess the necessary skills to consistently perform extended functions safely on a patient. The board shall reevaluate the minimum length of the program one year after the effective date of this rule.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.~~

(a) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an educational program for registered dental assistants in extended functions (RDAEF) to secure and maintain approval by the board.

(1) A program applying for approval to teach all of the duties specified in Section 1753.5 shall comply with all of the requirements of this section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Section 1753.6 shall comply with all of the requirements of this section, except as follows:

(A) The program shall be no less than 288 hours, including at least 76 hours of didactic instruction, at least 180 hours of laboratory instruction, and at least 32 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master and accessory points.

(b) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the board and shall submit documentary evidence of successful completion of a board-approved pit and fissure sealant course.

(c) Adequate provision for the supervision and operation of the program shall be made in compliance with section 1070. Notwithstanding the requirements of Sections 1070 and 1070.1, the program director and each faculty member of an approved RDAEF program shall possess a valid, active, and current license as a dentist or an RDAEF. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a six-hour teaching methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 380 hours, including at least 100 hours of didactic instruction, at least 200 hours of laboratory instruction, and at least 80 hours of clinical instruction. All instruction shall be provided under the direct supervision of program staff.

(e) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(7) Tooth isolation and matrix methodology review.

(g) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(h) With respect to preliminary evaluation of the patient's oral health, including, at a minimum, charting, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(i) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting, cementing master and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting master and accessory points and cementing cones on extracted teeth or assimilated teeth with canals, with two experiences each on a posterior and anterior tooth.

(j) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(k) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(l) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Clinical simulation and clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(m) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Clinical simulation and clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(n) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.